



INWG CIVIL AIR PATROL

QUARTERLY SAFETY REPORT

Name of squadron	Charter number	Reporting quarter (circle one)	
		Qtr 1 Jan - Mar	Qtr 2 Apr - Jun
		Qtr 3 Jul - Sep	Qtr 4 Oct - Dec
Meeting Date	Topic / Presenter / Visual Aids Used		
Month 1:			
Month 2:			
Month 3:			
Subject and/or Action taken on CAPF 26 (Safety Improvement / Hazard Report)			
Wing Safety Assistance Needed			
Information or Materials needed for Safety Meetings			
Remarks:			
Printed/Typed Name of Safety Officer		Printed/Typed Name of Commander	
Signature of Safety Officer		Signature of Commander	
Address		Address	
Telephone Number		Telephone Number	

PERSONNEL REGISTER - Quarter *(Circle one)* 1 2 3 4

[illegible]